

Name  
in  
Full

Allean Bishop

CERTIFICATE OF DEATH

To BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Snow Hill</u>		County		MARYLAND	
Date of death <u>1901</u>	Month <u>Aug</u>	Day <u>13</u>	Years <u>—</u>	Months <u>—</u>	Days <u>2 weeks</u>
Sex <u>Female</u>	Color or Race <u>colored</u>	Birthplace <u>Snow Hill</u>			
Occupation <u>None</u>	Where Residing if not at place of death <u>—</u>				
Married, Single or Widowed	Name of Wife or Husband <u>—</u>				
Father's Name <u>Livin Bishop</u>	Father's Birthplace <u>md</u>				
Mother's Maiden Name <u>Mary E Bishop</u>	Mother's Birthplace <u>md</u>				
Name of person giving information <u>Mary E Bishop</u>	How related to deceased <u>Mother</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Boil trouble

How long

4 weeks

Immediate

How long

6 days

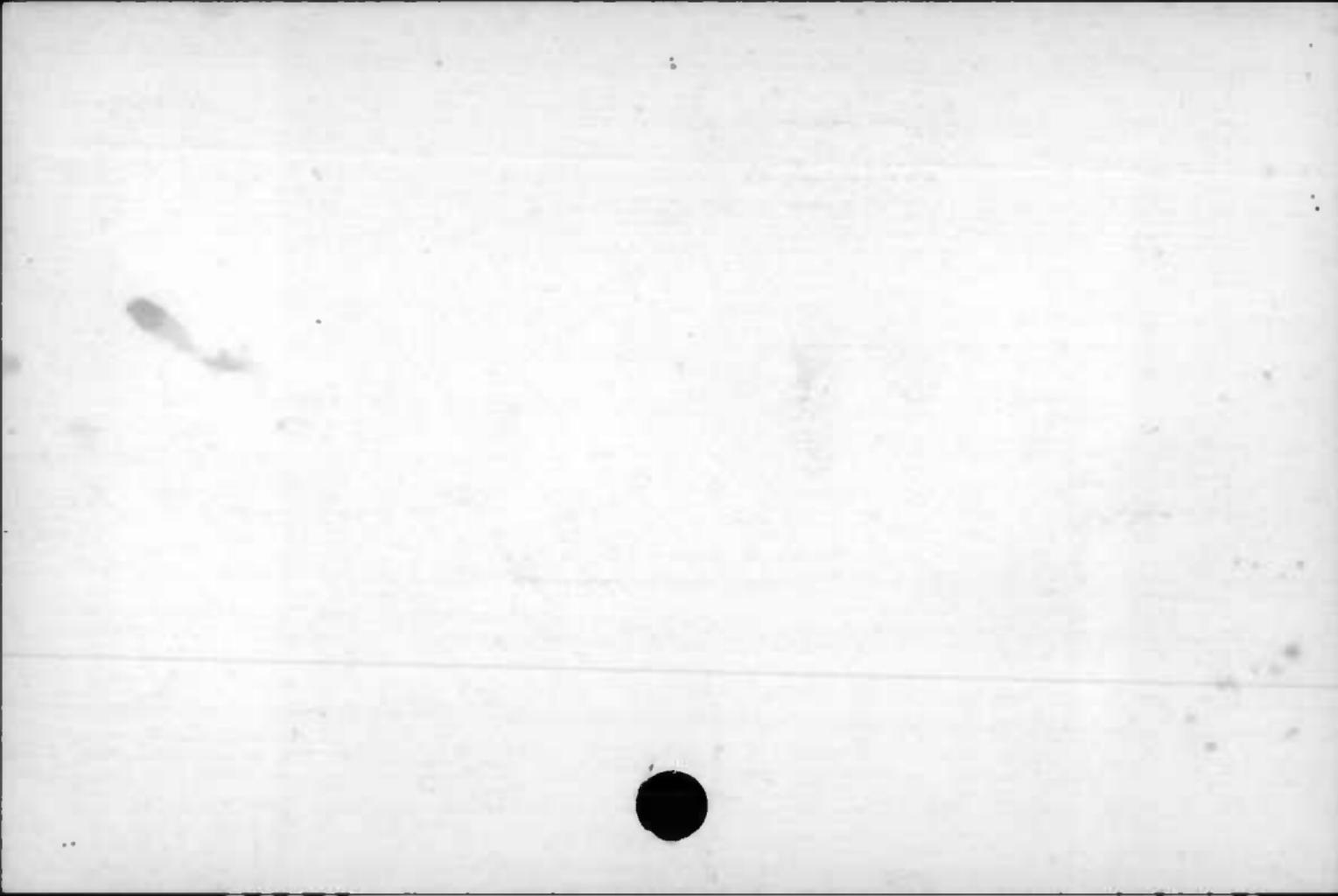
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Dr. Heilman

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

June B Gottman						CERTIFICATE OF DEATH	
Died at	Town		County		MARYLAND		
Date of death 1905	Month 8	Day 8	Age 26	Years	Months	Days	
Sex female	Color or Race Black		Occupation Laborer				
Married, Single Widowed							
Name of Wife or Husband							
Father's Name Sidney Gottman					Father's Birthplace Md		
Mother's Maiden Name Effie Gunby					Mother's Birthplace Md		
Name of person giving Information	Died Maude				How related to deceased Niece		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Typhoid fever



How long

3 weeks

Immediate

Coma

How long

4 days

Are the name, age, sex, color, date and place correctly given above?

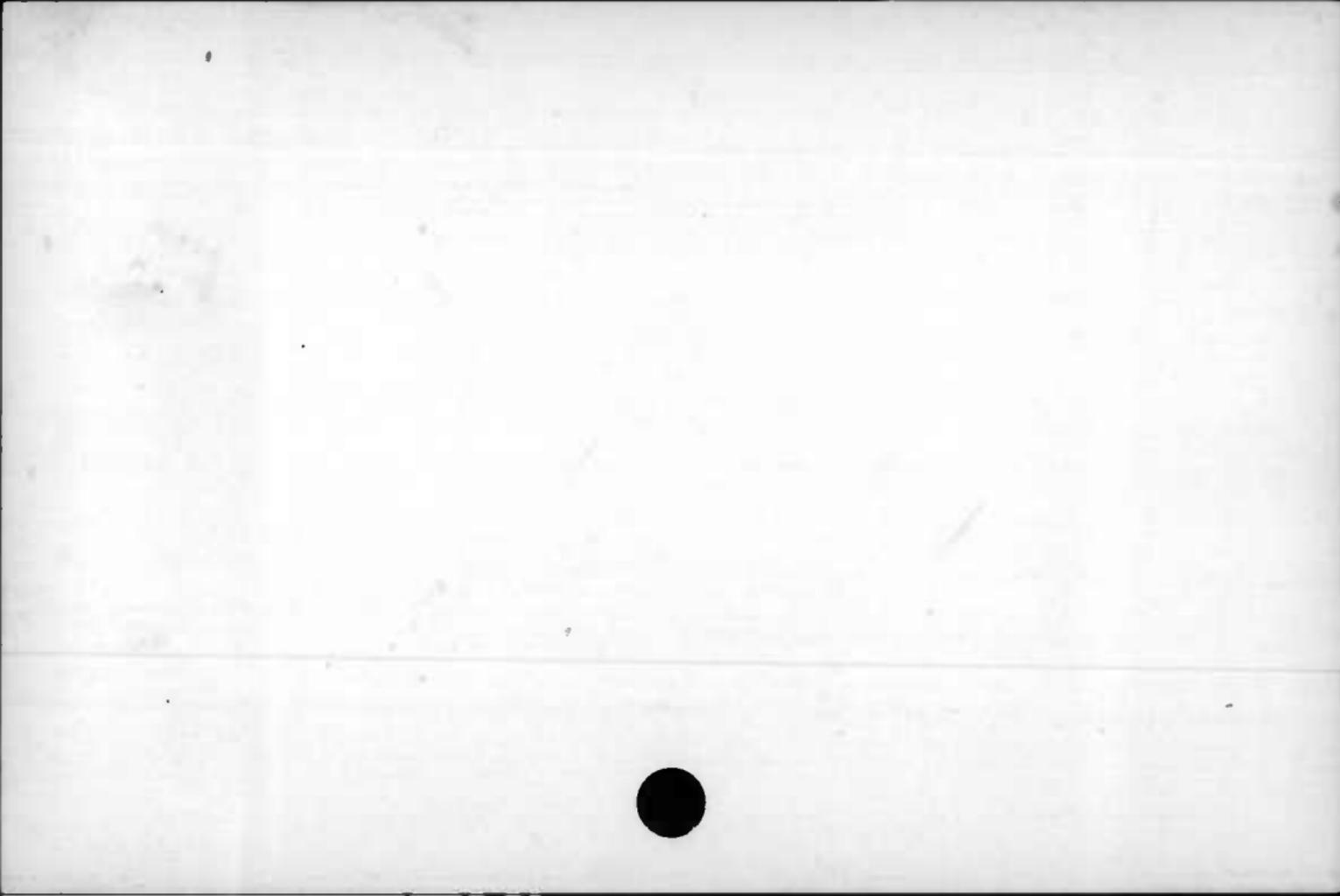
Yes

Signature of Physician

Address

Good Disease  
Stockton Md

Accident or Suicide?



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Elizabeth M. Davis

Town

Died at Whaleyville

County

Worcester

CERTIFICATE OF DEATH

MARYLAND

Date  
of death 1905

Month

Day

Years

28

Age

62

Months

Days

Sex Male

Color or  
Race

White

Birth-  
place

Maryland

Married, Single  
or Widowed

Single

Occupation

Teamster

Name of Wife or  
Husband

None

Father's  
Name

Peter L. Davis

Father's  
Birthplace

Maryland

Mother's  
Maiden Name

Mary M. Gary

Mother's  
Birthplace

Name of person giving  
Information

Painter Watson

How related  
to deceased

None

CAUSES OF DEATH

Primary

Kart Failure

How long



Immediate

Yes

How long

Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

R. P. Collins  
Bashamville Md

Accident or Suicide?



Name  
in  
Full

Eugene Dennis child

CERTIFICATE OF DEATH

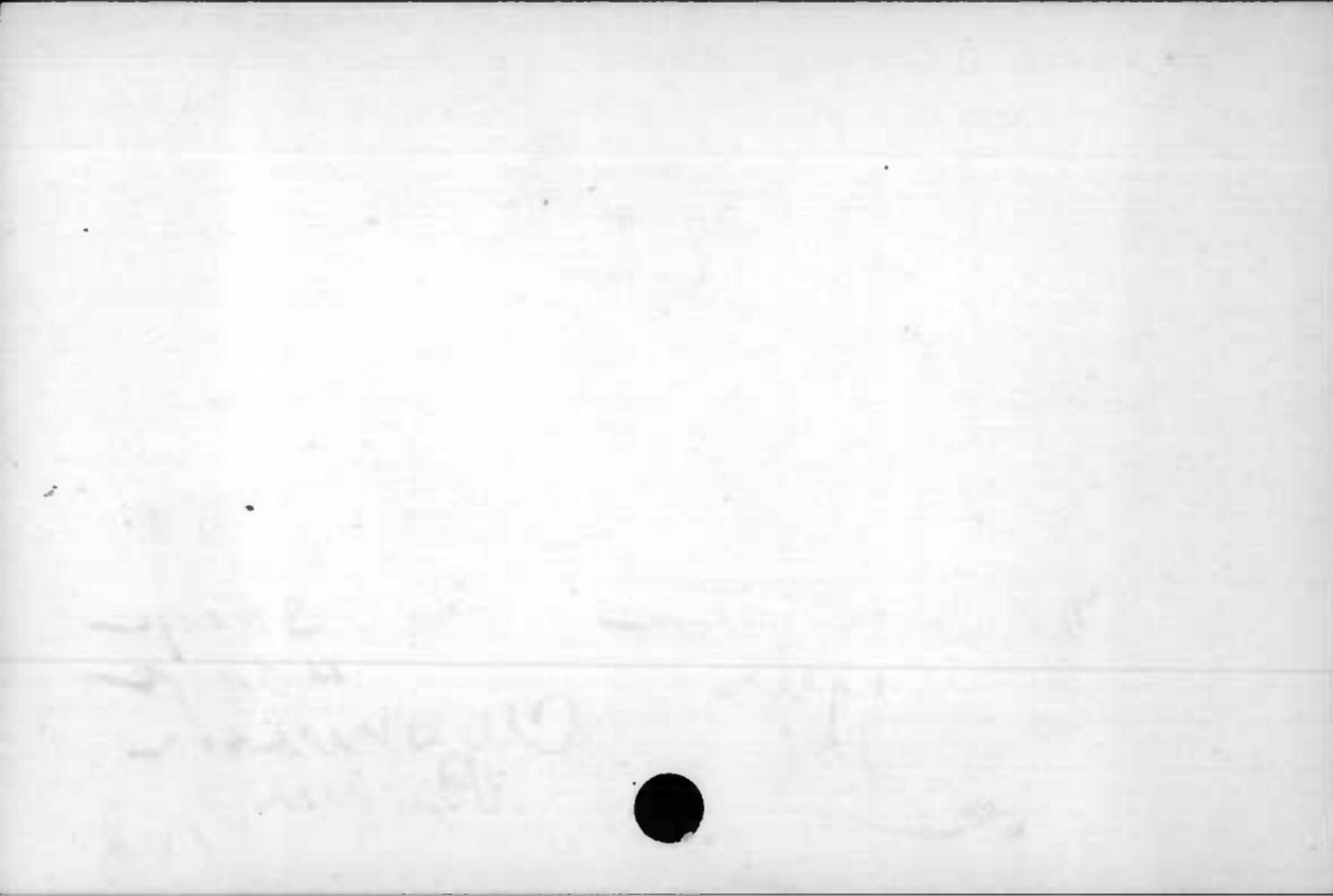
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Newark</u> <small>town</small>		County <u>Sussex</u>		MARYLAND	
Date of death <u>1904</u>	Month <u>August</u>	Day <u>4</u>	Years <u>1</u>	Months <u>9</u>	Days
Sex <u>Male</u>	Color or Race <u>white</u>	Birth-place <u>Maryland</u>			
Occupation	Where Residing if not at place of death				
Married, Single or Widowed	Name of Wife or Husband				
Father's Name	<u>Eugene Dennis</u>				
Mother's Maiden Name	<u>Edenay Thallaway</u>				
Name of person giving information	<u>Thallaway Lusk</u>				
Father's Birthplace <u>Maryland</u>					
Mother's Birthplace <u>Maryland</u>					
How related to deceased <u>None</u>					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Cholera Infantum</u>	<u>105</u>	How long <u>3 days</u>
Immediate	<u>Meningitis</u>		How long <u>4 days</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	<u>Clydrickson</u>
<u>Yes</u>		Address	<u>Berlin</u>
Accident or Suicide?			



Geo F. Dryden

## CERTIFICATE OF DEATH

Died at <u>Snow Hill Md</u>		County <u>Worcester</u>		MARYLAND		
Date of death <u>1905</u>	Month <u>Aug.</u>	Day <u>10</u>	Years <u>75</u>	Months <u>6</u>	Days <u>16</u>	
Sex <u>Male</u>	Color or Race <u>White</u>			Birth-place <u>W. Md.</u>		
Occupation <u>Retired Farmer</u>		Where Residing if not at place of death <u>Snow Hill</u>				
Married, Single or Widowed <u>Widower</u>	Name of Wife or Husband					
Father's Name				Father's Birthplace		
Mother's Maiden Name				Mother's Birthplace		
Name of person giving Information	<u>Putnam Dryden</u>		How related to deceased <u>Son</u>			

## CAUSES OF DEATH

Primary	<u>Bright's Disease</u>	How long <u>3 months</u>
Immediate	<u>Heart Failure</u>	How long <u>immediate</u>

Are the name, age, sex, color, date and place correctly given above?

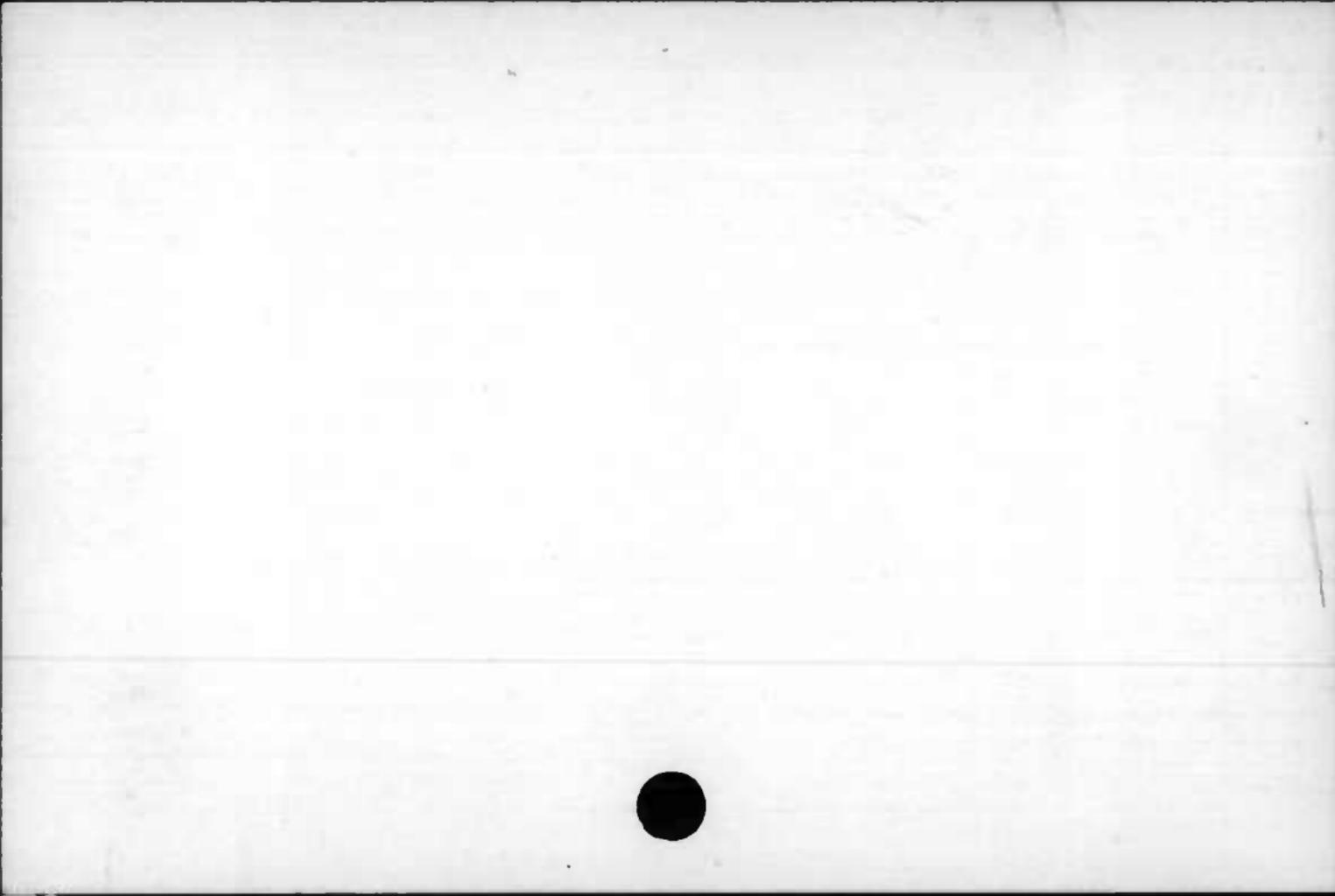
Yes

Signature of Physician

Address

Geo. F. Dryden lotte  
Snow Hill Md

Accident or Suicide?



Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Jessie Figgs

CERTIFICATE OF DEATH

MARYLAND

Died at <u>Box iron</u>		Town	County <u>worcester</u>			
Date of death <u>1905</u>	Month <u>Aug</u>	Day <u>16</u>	Age <u>1</u>	Years	Months <u>5</u>	Days <u>14</u>
Sex <u>male</u>	Color or Race <u>white</u>			Birth-place		
Occupation <u>house</u>	Where Residing if not at place of death <u>same</u>					
Married, Single or Widowed <u>          </u>	Name of Wife or Husband <u>          </u>			Father's Name <u>Columbus Figgs</u>	Father's Birthplace	
Mother's Maiden Name <u>Sarah Lynch</u>				Mother's Name <u>Sarah Lynch</u>	Mother's Birthplace	
Name of person giving Information <u>Jessie Figgs</u>				How related to deceased <u>grand father</u>		

CAUSES OF DEATH

Primary            How long           

Immediate bowl trouble - ~~105~~ How long           

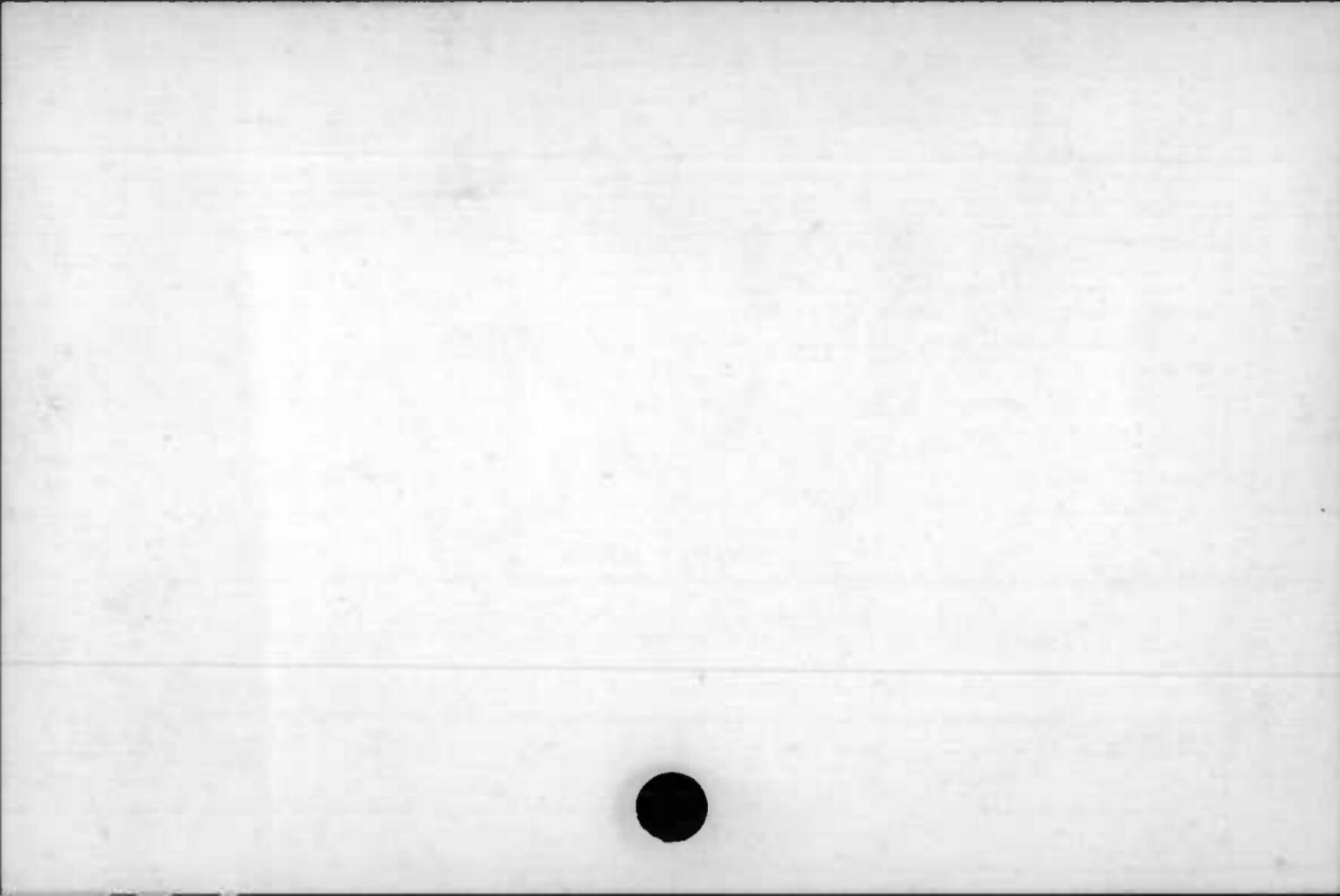
Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

W. P. Kearns  
snow still  
Ind



Name  
in  
Full

Rachel A. Gault

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death	1905	Month 8	Day 9	Years 80	Months —	Days —	
Sex	Female	Color or Race	White	Birth-place	Md		
Occupation	House keeper		Where Residing if not at place of death				
Married, Single or Widowed	Sixty	Name of Wife or Husband	None	Father's Birthplace	Md		
Father's Name	John Gault -		Charlotte "	Mother's Birthplace	"		
Mother's Maiden Name	Charlotte "		Calvin Evans	How related to deceased			
Name of person giving information	Calvin Evans						

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Senile Debility -

How long

Immediate

Paralysis

How long

Are the name, age, sex, color, date and place correctly given above?

yes

Signature  
Physician

Address

J. Dickinson  
Berlin, Md

Accident or Suicide?



Stephens Grey

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND		
1905	Month	Day	Years	Months	Days
	8	22	73	-	-
Sex	Male	Color or Race	White	Birth-place	End
Occupation	Farmer				
Married, Single or Widowed	Married Name of Wife or Husband May Grey End				
Father's Name					
Mother's Maiden Name					
Name of person giving Information	Clarence Grey Son				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary General Debility - 11 How long  
How long

Immediate

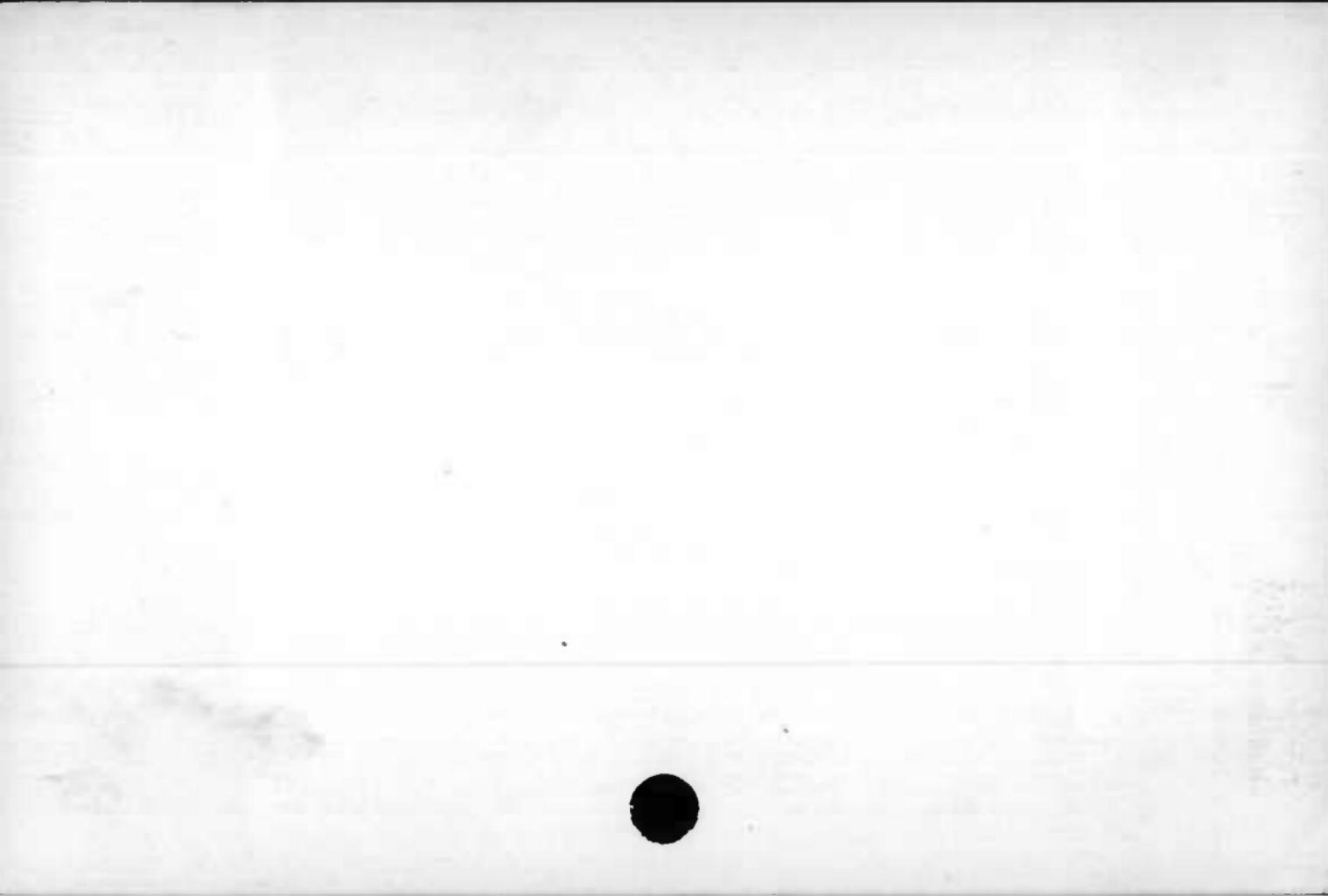
Are the name, age, sex, color, date and place correctly given above?

Physician

Address

Dr Paul Jones  
Snow Hill  
End

Accident or Suicide?

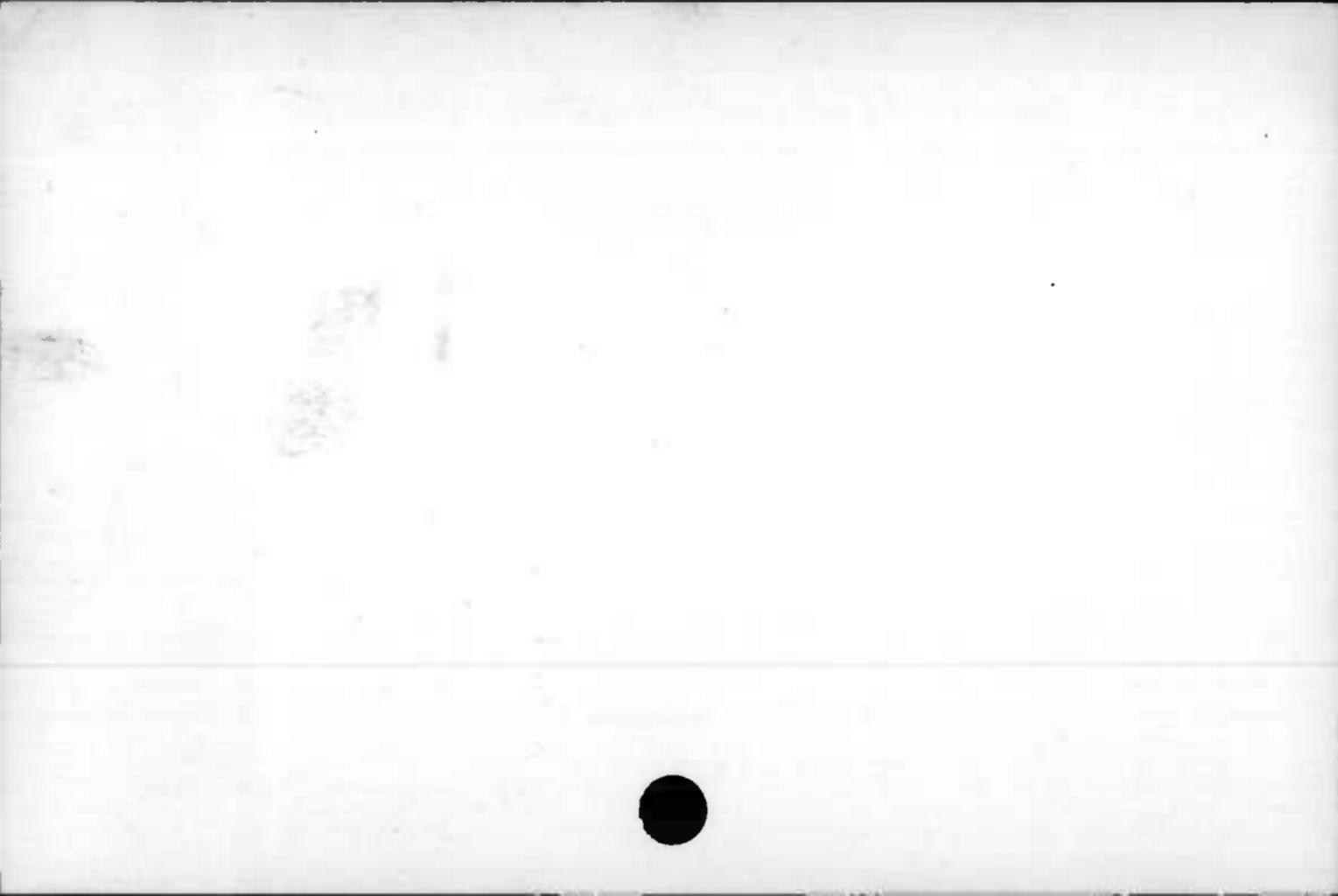


Name  
in  
Full

To BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Name in Full		Town		County		8/23/1911		CERTIFICATE OF DEATH	
Died at		Pocomoke City - Worcester						MARYLAND	
Date of death	1905	Month Aug	Day 16	Age	Years	Months	Days		
Sex	Male	Color or Race	Colored	Birth- place	Worcester Co				
Occupation	Name		Where Residing if not at place of death	Pocomoke City -					
Married, Single or Widowed	Single		Name of Wife or Husband	Worcester Co					
Father's Name	Rayman Gandy S.		Father's Birthplace	Worcester Co					
Mother's Maiden Name	Elonine Ward		Mother's Birthplace	Worcester Co					
Name of person giving Information	Amanda Manual		How related to deceased						
Pocomoke City -		CAUSES OF DEATH							
Primary	Still Born		S.	How long					
Immediate			S.	How long					
Are the name, age, sex, color, date and place correctly given above?			Yes	Signature of Physician					
				Address					
Accident or Suicide?									



Name  
in  
Full

Levus Holmes

CERTIFICATE OF DEATH

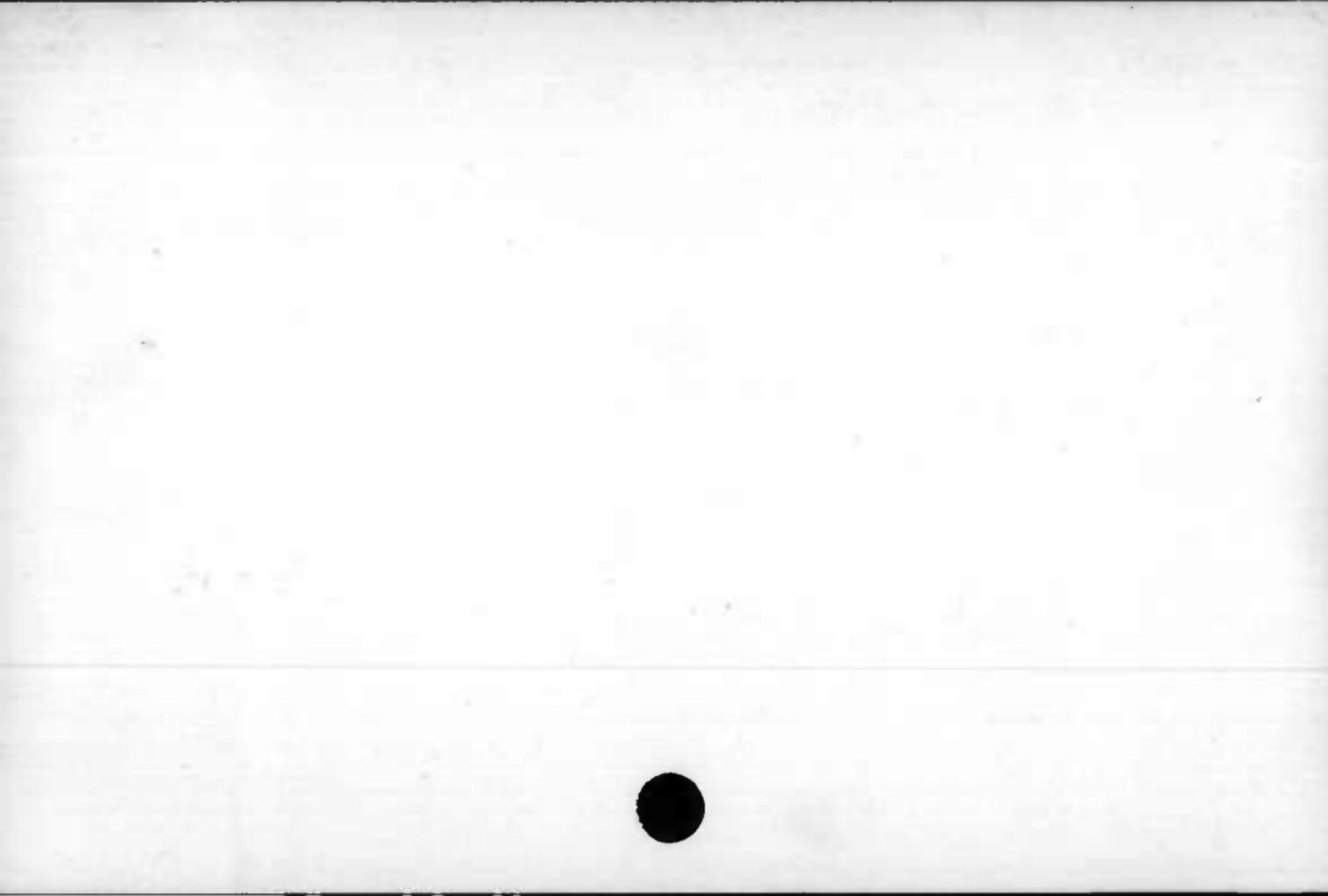
TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND	
Date of death		Month	Day	Years	Months	Days
Sex	Mae	Color or Race	Age	81		
Occupation	Where Residing if not at place of death					Paocomoke city
Married, Single or Widowed	Married	Name of Wife or Husband	Am owner			
Father's Name	Jacob Holmes					Acornaclo
Mother's Maiden Name	Eliza Holmes					
Name of person giving information	Levus Holmes					Ivan

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Zphoid Fever	✓	How long	3 weeks
Immediate	collapse	○	How long	" "
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician	Samuel Schaeffer
			Address	Paocomoke city
Accident or Suicide?				



Name  
in  
Full

Rosie Effer Hormon

CERTIFICATE OF DEATH

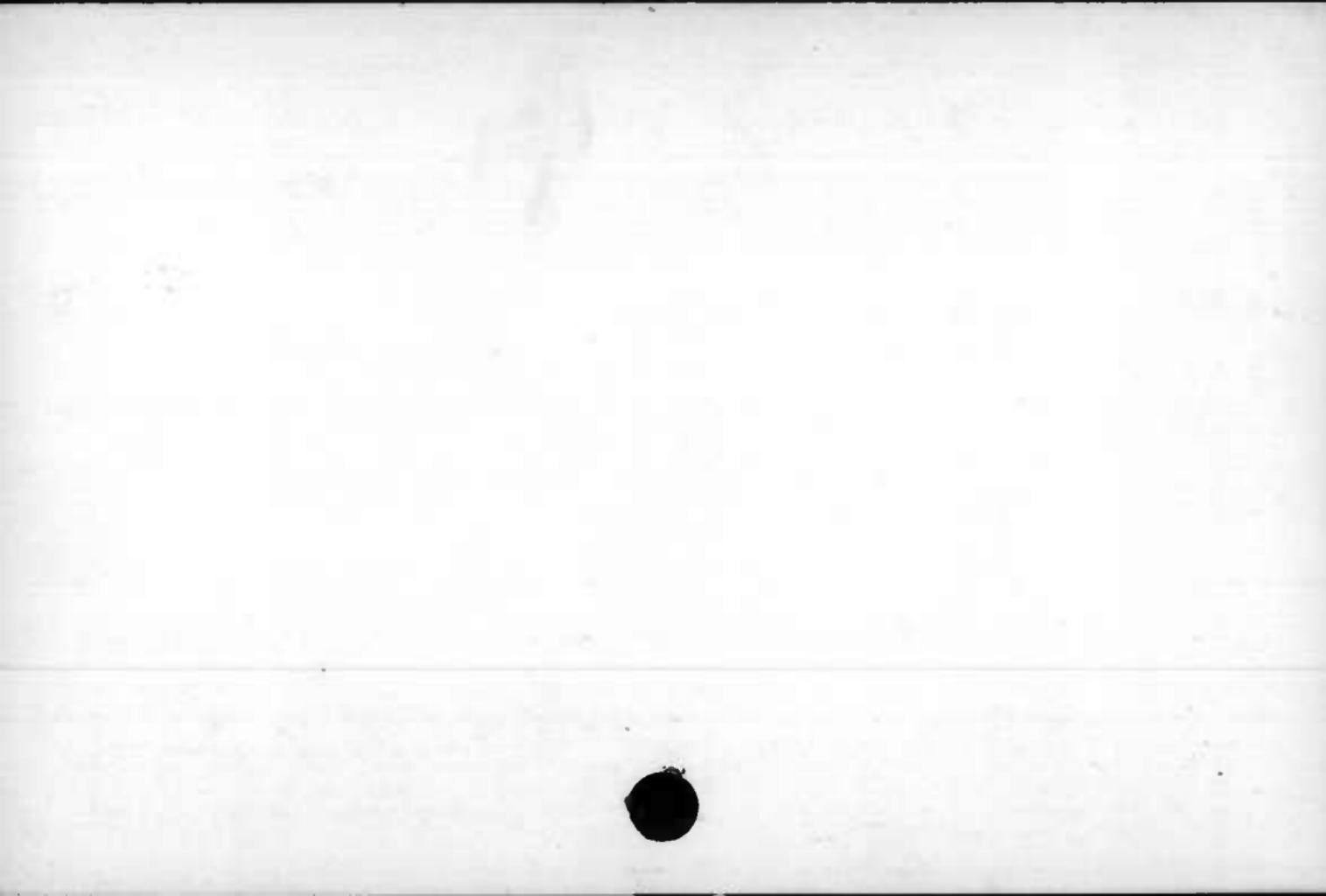
To BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County		MARYLAND		
Date of death	Month	Day	Years	Months	Days	
Sex	Female	Color or Race	colored	Birth-place	2nd	
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Sing	Name of Wife or Husband				
Father's Name	Isaac Hormon		Father's Birthplace	2nd		
Mother's Maiden Name	Edith Hormon		Mother's Birthplace	2nd		
Name of person giving Information	Edith Hormon		How related to deceased	Mother		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Branched fracture		How long
Immediate	105		How long
Are the name, age, sex, color, date and place correctly given above?	yes.	Signature of Physician	John S. Williams
		Address	Snowhite Snowhite 2nd
Accident or Suicide?	no		



Name  
in  
Full

Not Named Hudson (By M.)

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Died at <u>Near Bishopsville</u>		Town	County <u>Worcester</u>	
Date of death 1905	Month <u>August</u>	Day <u>29</u>	Years	MARYLAND
Sex <u>Male</u>	Color or Race <u>White</u>	Age	Months <u>By</u>	Days <u>Year</u>
Married, Single or Widowed <u>Single</u>	Occupation <u>None</u>		Birth-place <u>Maryland</u>	
Name of Wife or Husband <u>None</u>				
Father's Name <u>Joseph M. Hudson</u>	Father's Birthplace <u>Maryland</u>			
Mother's Maiden Name <u>Laura A. Evans</u>	Mother's Birthplace <u>Delaware</u>			
Name of person giving Information <u>Mary M. Hudson</u>	How related to deceased <u>Aunt</u>			

**CAUSES OF DEATH**

Primary <u>Diarrhea</u>	How long <u>15</u> days
Immediate	How long <u>7 days</u>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>R. P. Gillis</u>
	Address <u>Bishopville Md.</u>

Accident or Suicide?



Name  
in  
Full

Burtha Jacobs

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Died at	Stockton		Worcester				
Date of death 190	10	Month 8	Day 21	Age	Years —	Months 4	Days 26
Sex	Female	Color or Race	Black	Occupation	Birth- place	Birth- place	Birth- place Md
Married or Widowed							

Name of Wife or  
Husband

Father's  
Name

Thomas Jacobs

Father's  
Birthplace

Md

Mother's  
Maiden Name

Martha Selby

Mother's  
Birthplace

Md

Name of person giving  
Information

Thomas Jacobs

How related  
to deceased

Father

CAUSES OF DEATH

Primary

Heart failure

How long

19

Immediate

Heart failure

How long

2 Months

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

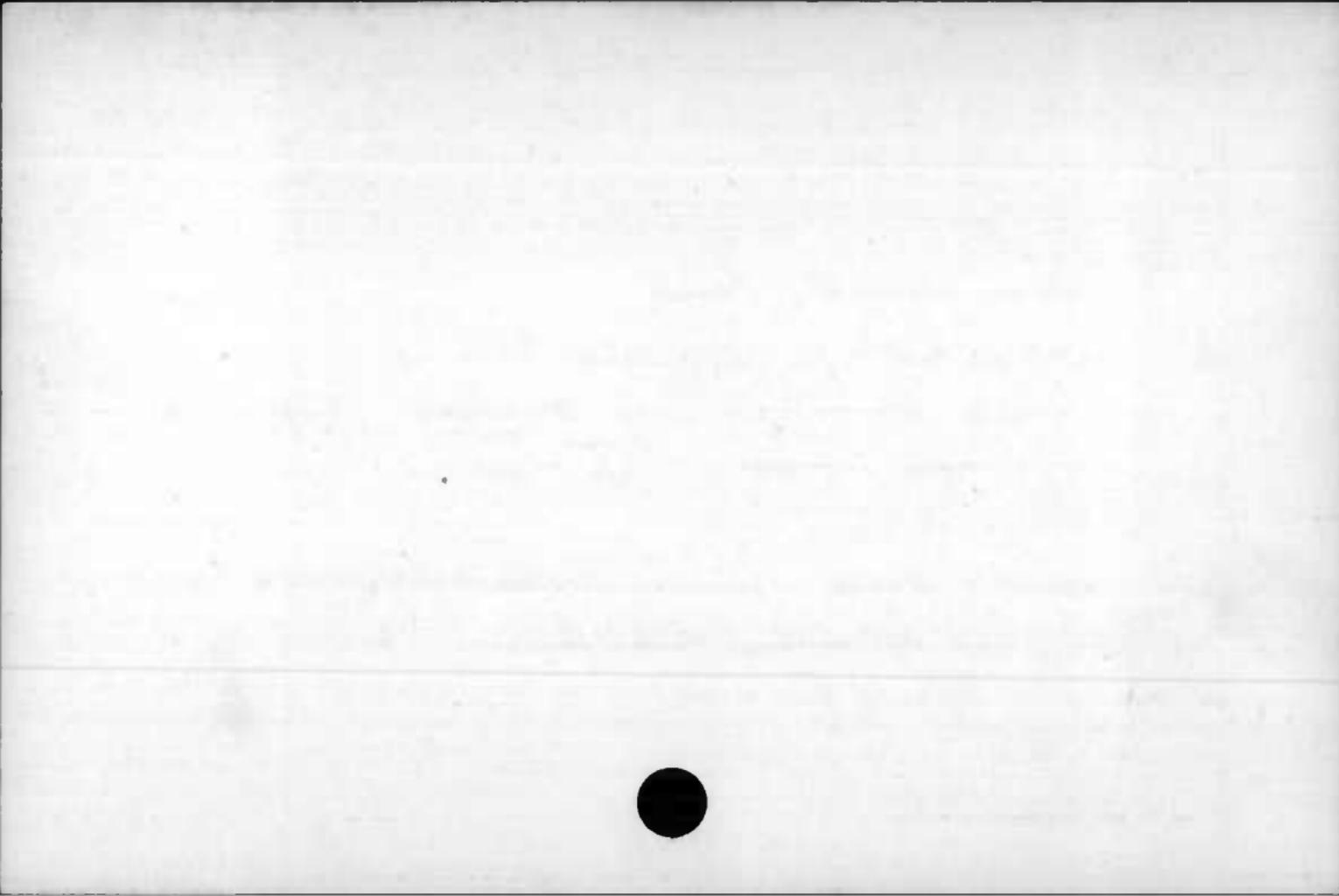
Signature of  
Physician

Thos Jacobs

Address

Stockton Md

Accident or Suicide?



John Handy King

Died at	Town	County				
	Ocean City	Worcester Co.,		MARYLAND		
	Month	Day	Y.	M.	D.	Native of
Data 1905	Aug	12	47	11	14	Maryland
	Male	White	Married	Widow		Occupation
	<del>Female</del>	<del>Colored</del>	<del>Single</del>	<del>Widower</del>		<del>Number of children living</del>

Husband of  
Wife Lillie B. King

Father's Name Henry King      Mother's Maiden Name Priscilla A. Donohoe

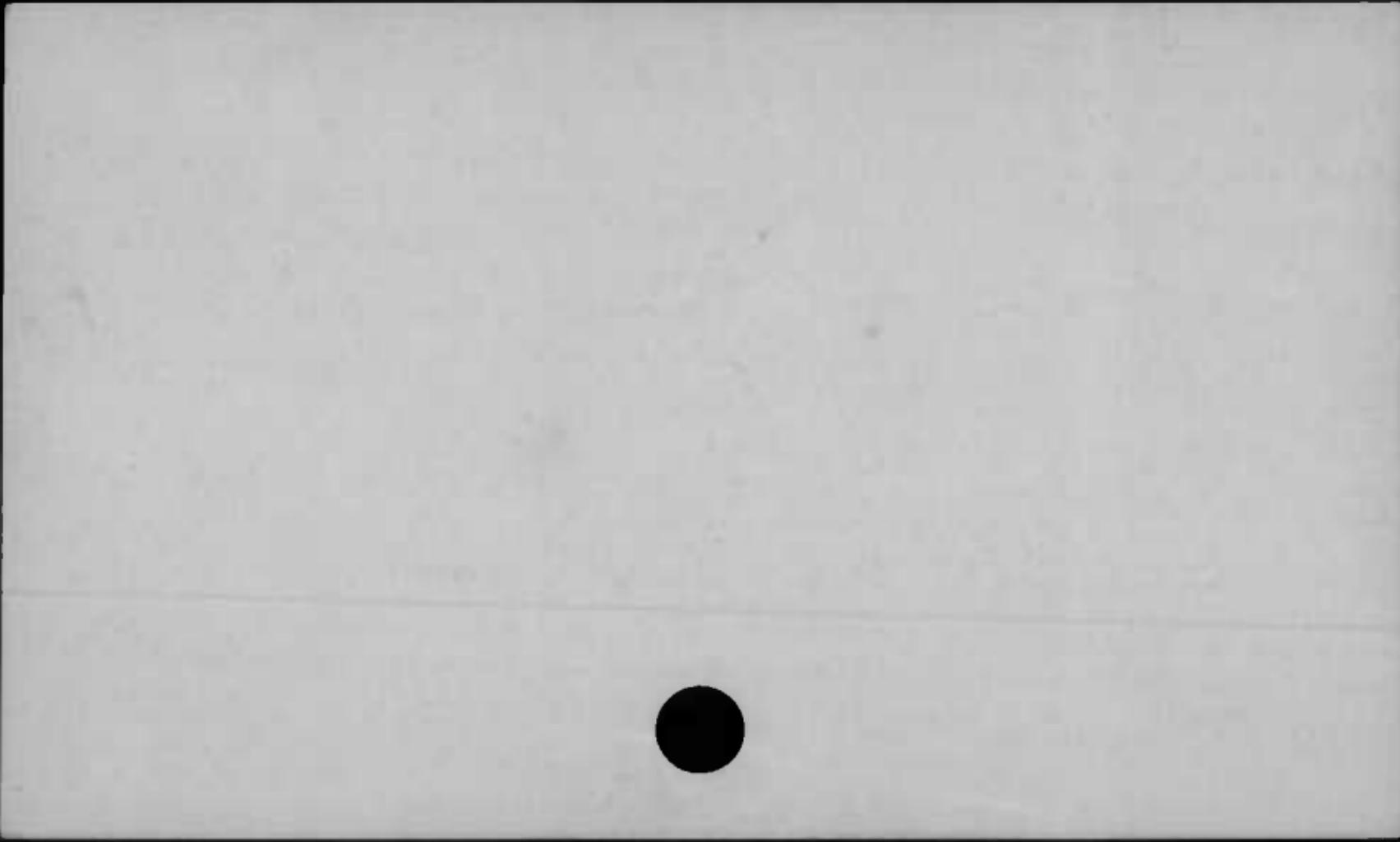
Cause of Death Primary Chr. intestinal nephritis      How long sick 2 yrs

Death Immediate Heart failure      Accident, Suicide, Homicide

Reported by Dr. J. A. Luetzcher

Address Ocean City Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name  
in  
Full

To BE ANSWERED BY

NEAREST FRIEND

PHYSICIAN  
OR CORONER

John Krieger

Town

Snow Hill

County

Worcester

CERTIFICATE OF DEATH

MARYLAND

Date  
of death

Month

Day

Years

Months

Days

1905

9

~

Years

8

6

Sex

male

Color  
Race

white

Birth-  
place

Baltimore

Occupation



Where Residing if not  
at place of death



Married, Single  
or Widowed

Name of Wife or  
Husband



Father's  
Name

Frank Krieger

Father's  
Birthplace

Germany

Mother's  
Maiden Name

Mary Dubel

Mother's  
Birthplace

Germany

Name of person giving  
Information

Frank Krieger

How related  
to deceased

Stalker

CAUSES OF DEATH

Primary

Marasmus

How long



Immediate



How long



Are the name, age, sex, color, date  
and place correctly given above?

Yes

Signature of  
Physician

Address

H. A. Frank M. D.  
Snow Hill, Md.

Accident or Suicide?



8.80  
1.75  
-----  
9.55

Name  
in  
Full

Zola Marshall

CERTIFICATE OF DEATH

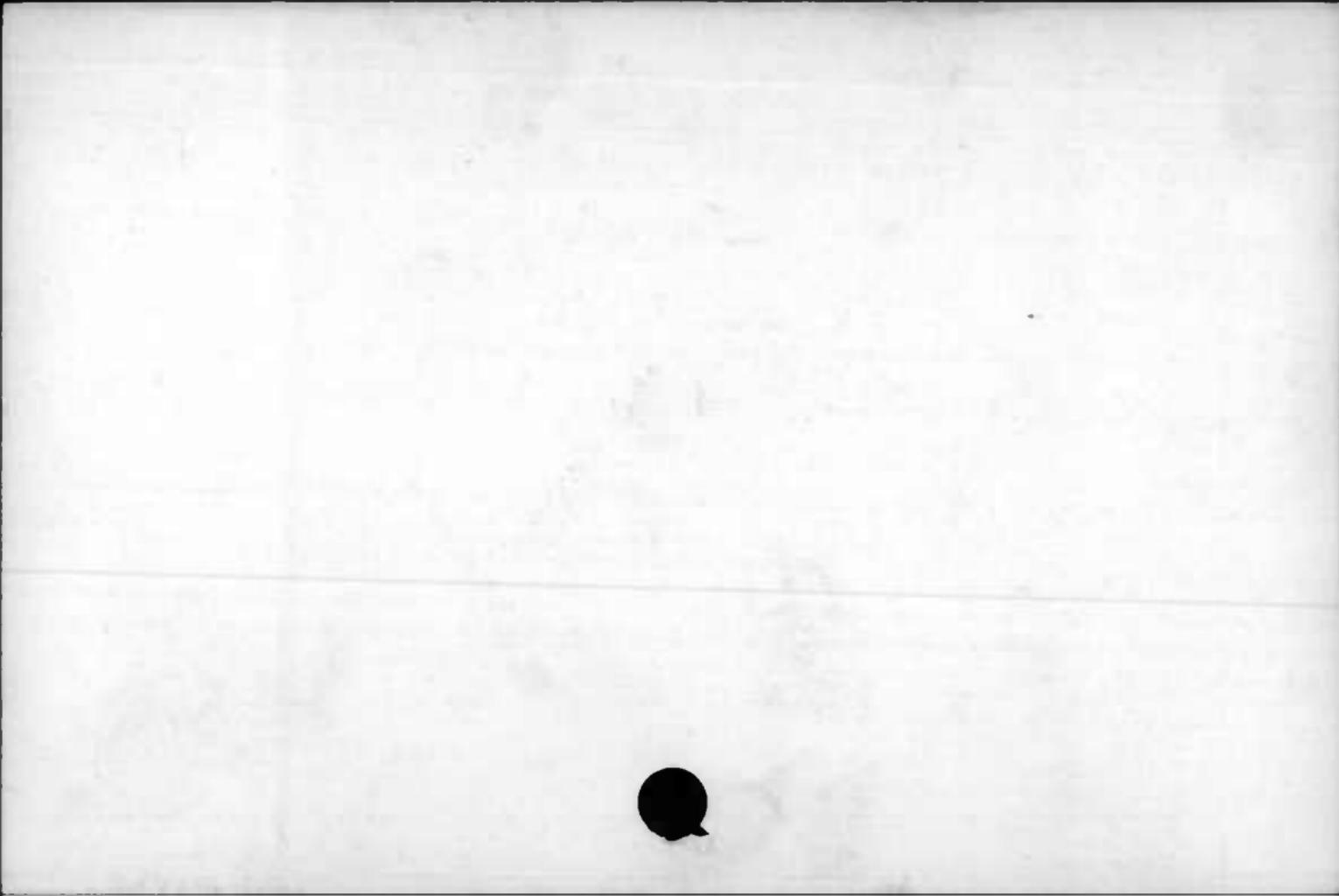
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town		County	MARYLAND	
Date of death 1905	Month	Day	Years	Months	Days
Sex Female	Color or Race	Age		Birth-place	
Married, Single or Widowed.		Occupation			
Name of Wife or Husband					
Father's Name	James Marshall			Father's Birthplace	Rockton
Mother's Maiden Name	James Marshall			Mother's Birthplace	"
Name of person giving information	John Greeley			How related to deceased	Grandfather

CAUSES OF DEATH

Primary	100	How long
		4 weeks
Immediate	Heart Failure	How long
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician
Dr. H. Marshall Jr.		Address
Accident or Suicide?		

PHYSICIAN  
OR CORONER



Name  
in  
Full

Dorothy Mills

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town	County		MARYLAND		
Date of death		Month	Day	Years	Months	Days	
1903		August	21	0	7	3	
Sex	Females	Color or Race	Black	Age	Birth-place	Worcester Co. Md	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed		Name of Wife or Husband					
Father's Name		J. E. Mills					
Mother's Maiden Name		Lelia E. Beckett					
Name of person giving Information		Dr. F. Sullivan					

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary

Cholera infantum

How long

3 months

How long

Immediate

act. b.

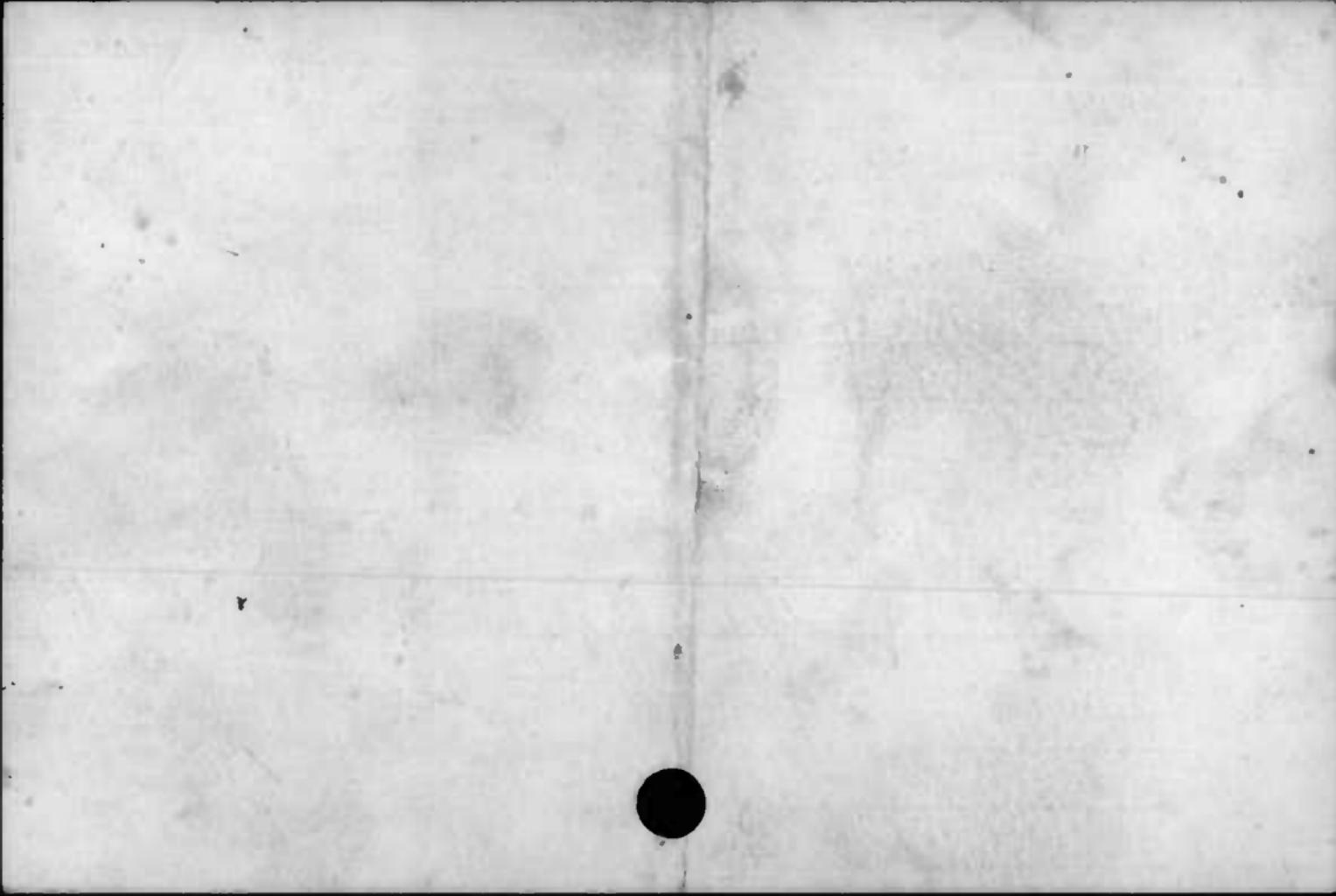
Signature of Physician

Address

Are the name, age, sex, color, date and place correctly given above?

Dr. F. Sullivan  
which and 12 F. S. #3

Accident or Suicide?



Name  
in  
Full

Isaac Patterson

CERTIFICATE OF DEATH

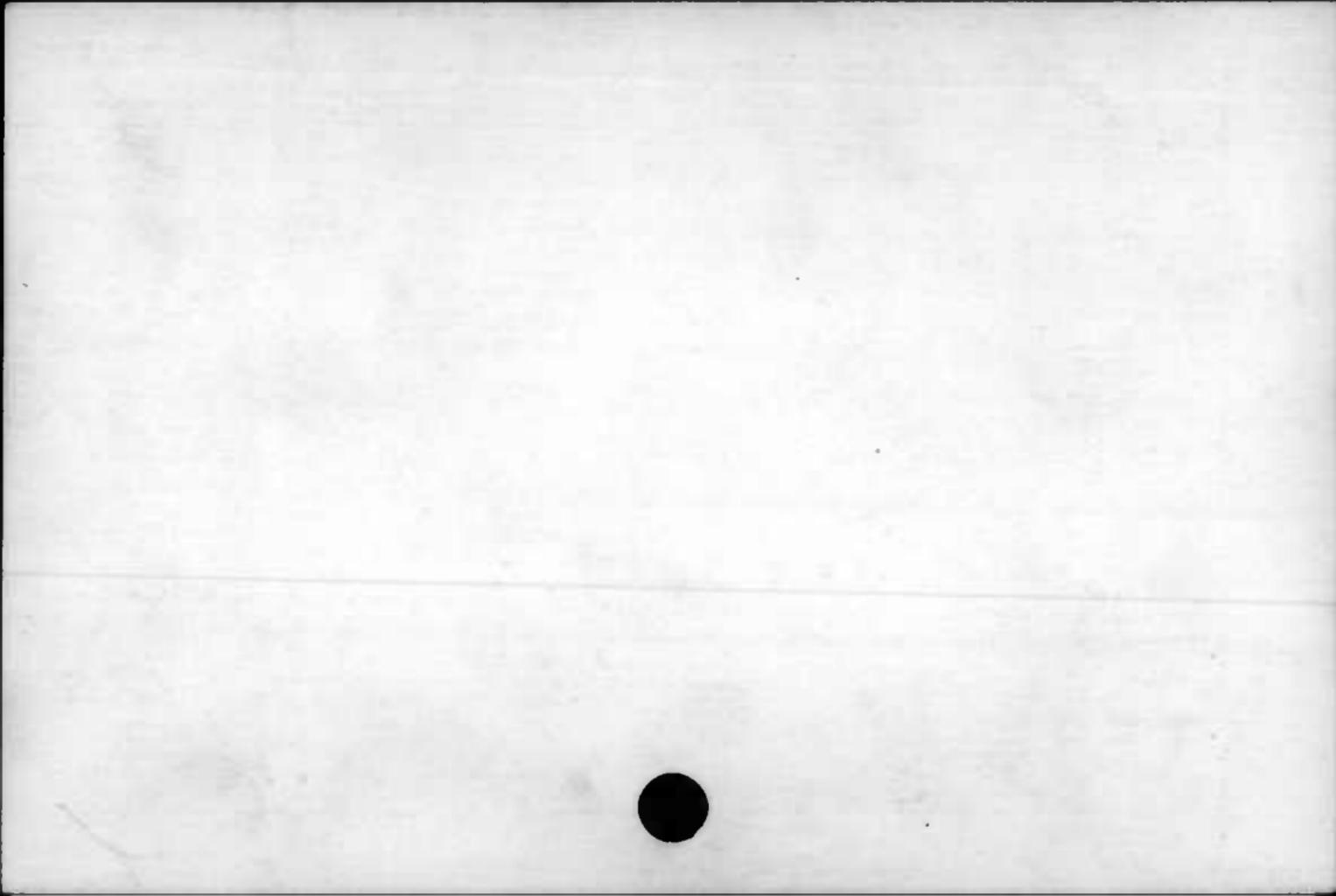
TO BE ANSWERED BY  
NEAREST FRIEND

Died at	Town	County	MARYLAND			
Date of death	Month	Day	Years	Months	Days	
Sex	Color or Race	Age	Birth-place			
Occupation	Where Residing if not at place of death					
Married, Single or Widowed	Name of Wife or Husband				Father's Birthplace	Baltimore
Father's Name				Mother's Birthplace		
Mother's Maiden Name	Emma Dutton			Pocomoke Sister		
Name of person giving information	Haller James			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Typhoid Fever		How long
Immediate	Collapse		4 weeks
Are the name, age, sex, color, date and place correctly given above?	Yes	Signature of Physician	How long
		Address	
Accident or Suicide?	S. L. Lujan Pocomoke City MD		



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

Defaceit  
near Berlin

Pruitt (M.M.)

CERTIFICATE OF DEATH

MARYLAND

Died Date of death	1905	Month	Aug	Day	7	Age	3 mth	Months	—	Days
Sex	Female	Color or Race	white	Birth- place	near Berlin					
Occupation	Where Residing if not at place of death									
Married, Single or Widowed	Name of Wife or Husband									
Father's Name	S. J. Pruitt									
Mother's Maiden Name	Wor Co									
Name of person giving Information	Mother's Birthplace									
	How related to deceased									

CAUSES OF DEATH

Primary

Gastro-enteritis

How long

Immediate

Des. Coliti

How long

PHYSICIAN  
OR CORONER

Are the name, age, sex, color, date  
and place correctly given above?

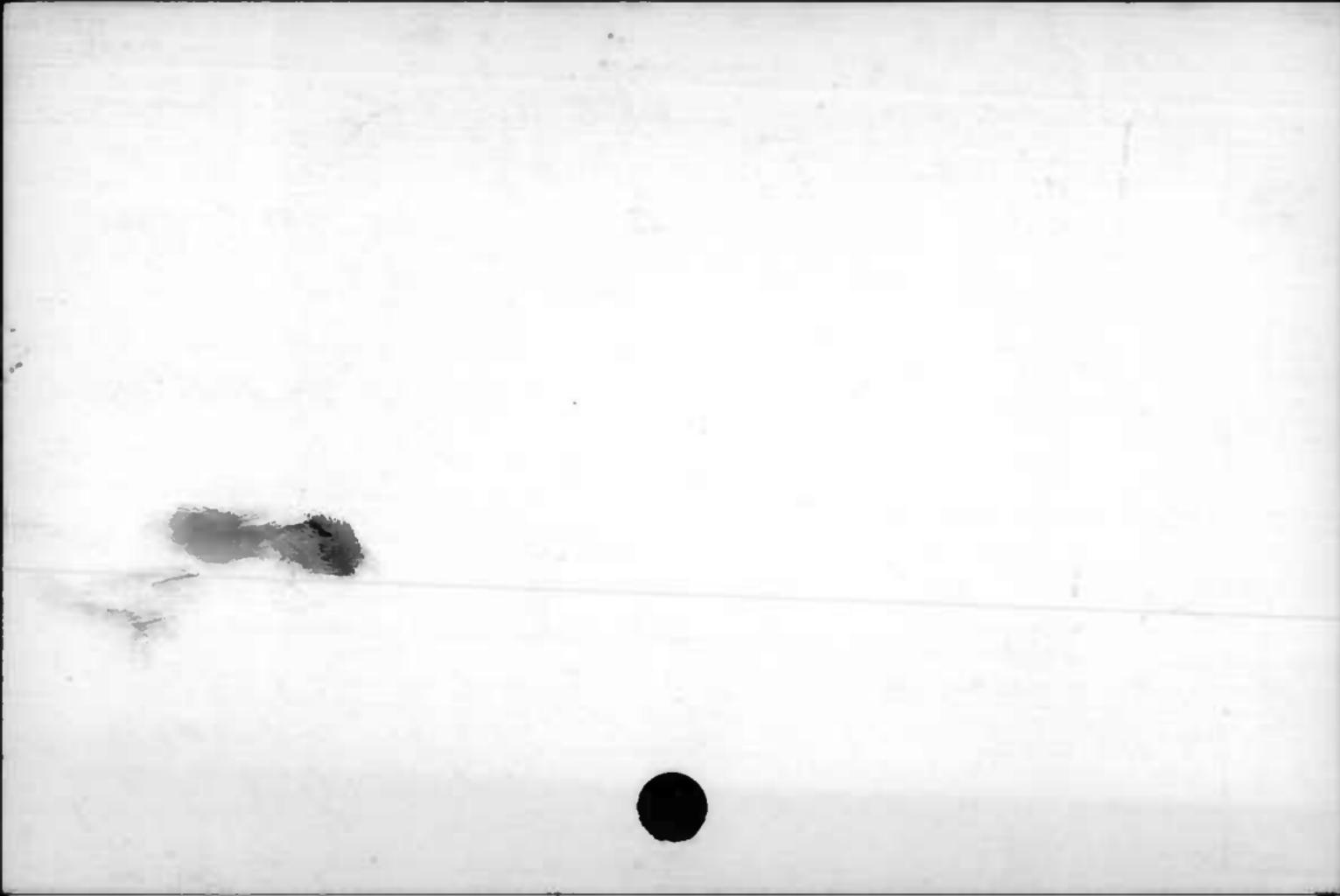
Yes

Signature of  
Physician

Address

Cudrickeon  
Berlin

Accident or Suicide?



Name  
in  
Full

Julia Ann Purcell

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Snow Hill</u>		Town		County <u>Maryland</u>		MARYLAND	
Date of death <u>1905</u>	Month <u>Sept</u>	Day <u>26</u>	Age <u>65</u>	Years <u>65</u>	Months <u>8</u>	Days <u>—</u>	
Sex <u>Female</u>	Color or Race <u>White</u>			Birth-place <u>Snow Hill, Md.</u>			
Occupation <u>Housewife</u>		Where Residing if not at place of death <u>Snow Hill Md.</u>					
Married, Single or Widowed <u>Widow</u>	Name of Wife or Husband <u>Mrs. D. Purcell</u>						
Father's Name <u>Matthew Johnson Gray</u>			Father's Birthplace <u>— Md</u>				
Mother's Maiden Name <u>Matthew H. Gray</u>			Mother's Birthplace <u>— Md</u>				
Name of person giving information <u>Oscar Purcell</u>			How related to deceased <u>Son in law</u>				

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>old age</u>	<u>154</u>	How long
Immediate <u>natural decline</u>		How long
Are the name, age, sex, color, date and place correctly given above?	<u>yes</u>	Signature of Physician <u>P. Jones</u>
		Address <u>Snow Hill Md</u>
Accident or Suicide? <u>—</u>		



Name  
in  
Full

TO BE ANSWERED BY  
NEAREST FRIEND

PHYSICIAN  
OR CORONER

Infant of Mary Warren

CERTIFICATE OF DEATH

MARYLAND

Died at

Town

County

Berlins

Baltimore

Date  
of death

Month

Day

Years

Months

Days

1905 Aug 4

Age

Sex

Males

Color or  
Race

Black

Birth-  
place

Occupation

Where Residing if not  
at place of death

Married, Single  
or Widowed

Name of Wife or  
Husband

Father's  
Name

Father's  
Birthplace

Mother's  
Maiden Name

Mother's  
Birthplace

Name of person giving  
Information

How related  
to deceased

Mary Warren  
James Spencer

CAUSES OF DEATH

Primary

How long

Immediate

No Dr in attendance

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of  
Physician

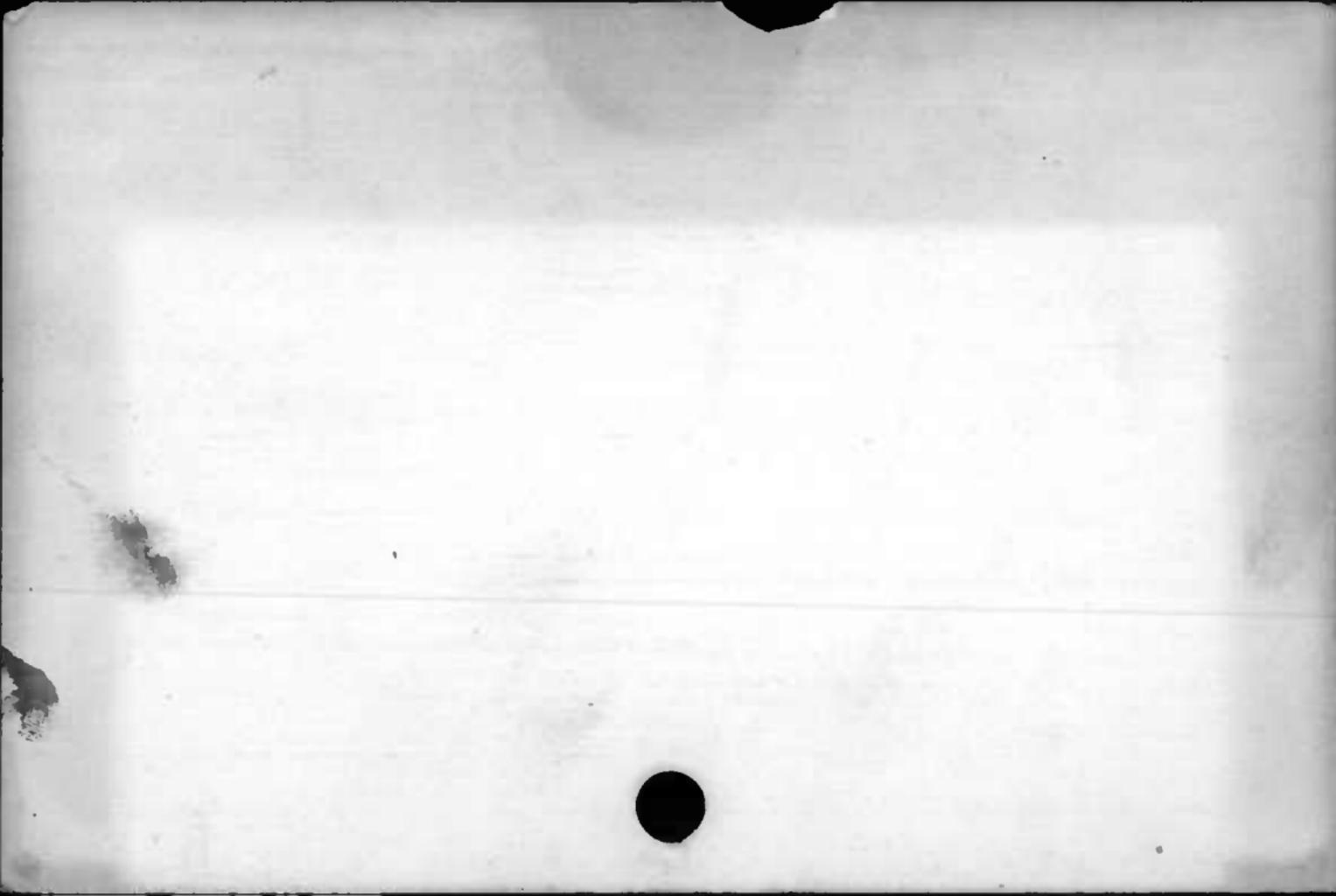
Address

None in

bj Evans  
undertaker

attending

Accident or Suicide?



Els. Hammond Wood

Town

Ocean City

County

Worcester

MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 19 05

Aug 4

Age

9

27

Baltimore Pa

Male

White

Married

Widow

Divorced

Female

Single

Widower

Number of children living

Husband of

Wife

Father's Name

Edw. D. Haven Wood

Mother's Maiden Name

Els. Kate Hammond

How long sick 1 mo

Cause of

Primary

Cholera Infantum

Death

Immediate

Cysterna

Accident, Suicide, Homicide

Reported by

Dr. J. G. Luetzher

Address

Ocean City, Md.

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

